



COMPLAINT OF EMPLOYMENT DISCRIMINATION

NOTE: Please read instructions on the **reverse** of this form before proceeding.

1. NAME OF COMPLAINANT	2. HOME ADDRESS	3A. HOME TELEPHONE NO.
		3B. WORK PHONE NO.
4. NAME OF VA FACILITY	5. ADDRESS OF VA FACILITY	6. YOUR JOB TITLE
7. BASIS OF COMPLAINT (Check one or more, as appropriate)		
<input type="checkbox"/> RACE (Specify)	<input type="checkbox"/> SEX (Specify Male or Female)	<input type="checkbox"/> HANDICAP (Specify)
<input type="checkbox"/> COLOR (Specify)	<input type="checkbox"/> NATIONAL ORIGIN (Specify)	<input type="checkbox"/> REPRISAL FOR PRIOR EEO ACTIVITY
<input type="checkbox"/> RELIGION (Specify)	<input type="checkbox"/> AGE (Specify date of birth)	

8. ISSUE OF COMPLAINT

INSTRUCTIONS - Check one or more issues, as appropriate, which reflects the action or event you are protesting. You must provide a date for each issue checked.

ISSUE	DATE OCCURRED	ISSUE	DATE OCCURRED
<input type="checkbox"/> ADMONISHMENT		<input type="checkbox"/> REASSIGNMENT	
<input type="checkbox"/> ASSIGNMENT OF DUTIES		<input type="checkbox"/> REINSTATEMENT	
<input type="checkbox"/> AWARD		<input type="checkbox"/> REPRIMAND	
<input type="checkbox"/> CONVERSION TO FULL TIME		<input type="checkbox"/> RETIREMENT	
<input type="checkbox"/> DEMOTION		<input type="checkbox"/> SEXUAL HARASSMENT	
<input type="checkbox"/> DUTY HOURS		<input type="checkbox"/> SUSPENSION	
<input type="checkbox"/> EXAMINATION/TEST		<input type="checkbox"/> TERMINATION/REMOVAL	
<input type="checkbox"/> FAILURE TO HIRE		<input type="checkbox"/> TIME AND ATTENDANCE	
<input type="checkbox"/> FAILURE TO PROMOTE		<input type="checkbox"/> TRAINING	
<input type="checkbox"/> HARASSMENT		<input type="checkbox"/> WORKING CONDITIONS	
<input type="checkbox"/> PERFORMANCE APPRAISAL/PROFICIENCY REPORT		<input type="checkbox"/> OTHER (Specify)	

9. SUPPLEMENTAL INFORMATION (If you contacted an EEO Counselor more than 30 calendar days after the date(s) shown above, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Final Interview, you must explain why you were untimely. See instructions on reverse. If you wish to provide information about the circumstances which led up to the filing of this complaint, please attach additional pages.)

10. CORRECTIVE ACTION (What resolution are you seeking?)

11. DO YOU HAVE A REPRESENTATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. NAME AND ADDRESS OF REPRESENTATIVE	13. HAVE YOU SEEN AN EEO COUNSELOR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," date)
14. NAME OF YOUR EEO COUNSELOR	15. HAVE YOU FILED A UNION GRIEVANCE ABOUT THE ISSUE IN ITEM 8? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," date)	16. HAVE YOU FILED AN APPEAL WITH THE MSPB ABOUT THE ISSUE IN ITEM 8? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," date)

17. SIGNATURE OF COMPLAINANT (Do not print)	18. DATE
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INSTRUCTIONS

Please read these instructions carefully. You are urged to obtain assistance from your EEO Counselor in filling out this form. Your EEO Counselor can also answer any questions you may have about this form. Each Block is largely self-explanatory. However, in Item 7, if you check "Handicap," please provide specific information about your handicap. Use additional pieces of paper, if necessary. If you check "Reprisal," please state the nature of the prior EEO activity in which you engaged. For example, did you file a prior EEO complaint? If so, when? Were you a witness or a representative in someone else's EEO complaint? If so, whose complaint?

In Item 8, most issues which are raised in complaints are listed. The following definitions apply:

Admonishment: The least severe form of discipline. It is a written document entered into one's Official Personnel Folder (OPF).

Assignment of Duties: Tasks assigned by management to an employee, either on a one time basis, or on a recurring basis.

Award: Written recognition by management intended to reward performance. It may or may not have a cash component.

Conversion to Full Time: Change from part-time employment to full-time employment.

Demotion: Change to lower grade and/or pay.

Duty Hours: Time during which an employee is required to be on duty. The category encompasses tours of duty and shift work.

Examination/Test: A written questionnaire, where the answers are scored and the score is used in making employment decisions.

Failure to Hire: Failure to hire an individual not already a VA employee.

Failure to Promote: Failure to advance a VA employee from one grade or rate of pay to a higher grade or rate of pay.

Harassment: Repeated acts intended to irritate or torment.

Performance Appraisal/Proficiency Report: Management's assessment of an employee's performance or proficiency. The category encompasses appraisals for promotion and special proficiencies, as well as annual appraisals.

Reassignment: A change from one position to another either within a particular organizational component or between organizational components. Changes do not involve change in grade or pay but may involve change in geographic location.

Reinstatement: Placement of a former Federal employee in a VA position. A return to Federal employment.

Reprimand: A form of disciplinary action. It is also a written document placed in one's OPF but usually for a longer period of time than an Admonishment.

Retirement: Change from active duty to annuitant status. The category includes disability and alleged forced retirement.

Sexual Harassment: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to it is a condition of employment; (2) submission to or rejection of it is a basis for employment decisions; and (3) the conduct interferes with work performance or creates an intimidating, hostile, or offensive work environment.

Suspension: A form of disciplinary action. It involves an unpaid absence and becomes a permanent part of one's OPF.

Termination/Removal: Termination of the employment relationship, either of a probationary or non-probationary employee.

Time and Attendance: All leave matters fall into this category. It includes tardiness, AWOL, and all requests for leave.

Training: Any form of instruction, including on-the-job training, as well as formal classroom training.

Working Conditions: The physical conditions at work to which an employee is subjected (as distinguished from harassment).

Other: Any matter which does not fit in one of the above categories. Note: almost all issues fit in the above categories.

It is important that you are precise as to the dates of all actions or events that you are protesting. In addition, the issues checked in block 8 must be limited to issues you discussed with an EEO Counselor in a timely fashion (that is, within 30 calendar days of occurrence of the event or within 30 calendar days of its effective date, if a personnel action). If any of the issues checked in Block 8 were not discussed with an EEO Counselor, see an EEO Counselor IMMEDIATELY. The requirement that you see an EEO Counselor about every act or event listed in Item 8 will not be waived under any circumstances. Failure to do so will only delay the processing of your complaint.

If any of the issues you checked in Item 8 were discussed with an EEO Counselor, but not within 30 calendar days of their occurrence or of their effective date, you must explain why you waited more than 30 calendar days. In addition, you must file this complaint within 15 calendar days of your receipt of the Notice of Final Interview from your EEO Counselor. If you do not meet this time limit, you must also explain why you waited more than 15 calendar days to file. Time limits may be waived under certain circumstances, but they will NOT be waived and your complaint will NOT be investigated unless you explain your untimeliness. Use a separate piece of paper for this purpose. If you have evidence which supports your explanation, attach it to this complaint.

NOTICE

It is your responsibility to keep VA informed of your current address. If you move, immediately advise the VA office where you filed this complaint of your new address. In addition, you may receive certified mail in connection with your complaint from time to time. It is your responsibility to claim all certified mail. Failure to notify VA of a change in address or to claim certified mail may lead to cancellation of your complaint.

PRIVACY ACT STATEMENT

Collection of the information on this form is authorized and/or required by the regulations of the U.S. Equal Employment Opportunity Commission (EEOC), at 29 CFR 1613, and by VA, in VA Manual MP-7, Part I, Chapter 3. The information collected will be used by VA to determine whether your complaint is acceptable for investigation and in connection with any subsequent investigation and processing of your complaint. In the course of any investigation as may occur, this form may be shown to any individual who may be required by regulations, policies or procedures of the EEOC and/or VA to provide information in connection with this complaint, including individuals you may have identified as responsible for the acts or events at issue in this complaint.